## TRANSMITTAL LETTER

## 6050000 18938

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

02 JUH 20 PH 4: 05

SUBJECT:	The Parcel Po		-05/20/02- *****87.9	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Anthony A	HVarez (Printed or typed)		
10702 Brown Trout Circle Address				
-	Orlando F	Lorida 3282 State & Zip	<u>25</u>	
-	(407) 275-1986 Daytime Telephone number			

 ${\bf NOTE:}\,\,{\bf Please}$  provide the original and one copy of the articles.



ARTICLES OF INCORPORATION  In compliance with Chapter 607 and/or Chapter 621, F.S.	S. (Profit) SECRETAR	LED Y OF STATE SEE, FLORIDA
ARTICLE I NAME The name of the corporation shall be:		PM 4: 05
The Parcel Post, Inc.	02 00ii 20	111 4.03
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	. · · ·	
10702 Brown Trout Circle Orlando, Florida 32825		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
To provide a public service	·	
ARTICLE IV SHARES The number of shares of stock is: Total 100 st		
(50 Share 50 Share ARTICLE V INITIAL OFFICERS/DIRECTOR	es-Wilma Alvarez RS (optional)	
The name(s), address(es) and title(s):		
1	lma Alvarez	
10702 Brown Trout Circle 107	102 Brown Trout Circle	
Orlando, FL 32825 Orl	lando, FL 32825	
	le: Owner	
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> of the registered a	agent is:	
Anthony Alvarez		
10702 Brown Trout Circle		
Orlando FL 32825 ARTICLE VII INCORPORATOR	•	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:		
Wilma Alvarez		
10702 Brown Trout Circle		
Orlando FL 32825		
Having been named as registered agent to accept service of process	**************************************	
certificate. I am familiar with and accept the appointment as registe	red agent and agree to act in this capacity	
Gethon Glean	<u>6-14-02</u>	
Signature/Registered Agent	Date	· .
201		
Milmastvaren		
'Signature/Incorporator U	Date	